Manitoba Health

A GUIDE TO

COMMUNITY RESIDENTIAL RESOURCES FOR PSYCHIATRICALLY DISABLED ADULTS IN MANITOBA

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Additional booklets are available from:

Mental Health Directorate
Manitoba Health
305 - 1200 Portage Avenue
Winnipeg, Manitoba
R3G 0T5

Phone: 945-1897 (Janice)

Name of Sponsoring Organization: The Salvation Army
Men's Social Services
72 Martha St.,
Winnipeg,Manitoba
R3B 1A5

Name of Residential Program: "THE HAVEN"

Office Address: 181 Logan Avenue
Winnipeg,Manitoba
R3B 0K5

Telephone: 942-4197 Ext. 24 or 943-8706

Contact Person: Eric Derby, Program Co-ordinator

1) General Description and Purpose - The Haven is a licensed level 5 care facility that provides 24 hour care and supervision for 17 male adults. Residents share their accommodation but in October '88 the Haven shall move to Booth Centre on Henry Street and will provide private rooms and three resident lounges.

2) Philosophy - The Haven seeks to provide a supportive Christian program in which the residents may stabilize, and develop the skills necessary to reintergrate and contribute to the community.

3) Target Groups - The target groups are those individuals who have a diagnosis of a psychiatric disorder.

   The individual is one who is experiencing repeated community placement breakdowns because of behaviour problems. One may use the terms " hard to manage " and " hard to house " for the group which we wish to serve. This individual usually has exhausted existing accommodation resources. Our individuals ages range 18 -65.

   The individual must be willing to participate in the program before being admitted to the program.

4) Program Description - The Haven tries to utilize all available resources in the community. Internal Haven programs are : Personal Program Plans, Life Skills programs, Vocational programs(pre-workshop training and work crew), Recreational and Social programs, Spiritual awareness, Group meetings and Advocacy. The first step in these programs is to ask the individual to state his desires and goals. All programs must have the individual's direct input so as he has ownership of the program.

5) Entry to the Program - Entry to the program is by referral of Community Mental Health. The individual must attend a pre-placement interview so that the Haven program can be explained to him and he can make an informed decision. The individual must be able and willing to participate in the program.

   The individual must be assessed at a Level 5 of care or greater.

6) Exit from the Program - The decision to leave the program is made by the individual, Program Co-ordinator, staff of the Haven, Community Mental Health Worker and consult with the individual's psycharist. Prior to leaving the program the individual becomes involved in selecting his new living accommodation. This individual once in the community should be less reliant of support of the Haven and Community Mental Health.

7) Follow up Services - In consultation with staff and former residents plans could be implemented for limited participation in group activities and employment opportunities. However the reality of carrying out and developing such plans depends on our financial resources.

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I. WHAT IS THE PURPOSE OF THIS BOOKLET?

This booklet was developed to make written information available to interested people on:
1) the mental health residential resources that exist currently; and
2) some residential models that have been developed in Manitoba and other places.

It is hoped that this booklet will assist psychiatrically disabled individuals, their families, and service providers in choosing and gaining access to the existing mental health residential resources. As well, this booklet may be of use to individuals and community organizations who are interested in becoming involved in developing new (and greatly needed) residential resources.

II. WHO ARE THE PEOPLE WHO USE THESE RESIDENTIAL RESOURCES?

The majority of the people who use these resources have a psychiatric disability, are receiving some form of counselling/therapy and may have been hospitalized at some point in time.

III. WHERE ARE PEOPLE LIVING AT PRESENT?

- While it is very difficult to determine the number of people in Manitoba with chronic psychiatric disabilities, due to the lack of agreement on the definition on the term, "chronic", a rough estimate would be approximately 8,000 people. **

- Currently, there are under 800 residential spaces for psychiatrically disabled adults in Manitoba.

It is evident from the above mentioned statistical information that only a small portion of the people in need live in mental health residential resources. The great majority are living in or with:

* family
* friends
* own homes/apartments
* single room occupancy such as hotels, room and board
* housing cooperatives
* transitional housing such as crisis shelters
* Government funded residential resources (other than mental health) such as senior citizens' housing
* homeless (of no fixed address)
* other?

** This is based on statistical estimates from the following reference: Toews, John and Barnes, G., "The Chronic Mental Patient and Community Psychiatry: A System in Trouble". Canada's Mental Health, 1986, June, 2-7.

Clearly, there is need for additional residential buildings and facilities for psychiatrically disabled people. As well, services and social supports are required to help maintain people in their own residential locations. This points to the need to develop a variety of housing-related services and community services such as respite ("time-out" for care providers), social supports to psychiatrically disabled individuals and their families, crisis supports, homefinder services to secure affordable, suitable housing, and legal assistance/tenant advocacy to mention a few.

IV. SOME OPTIONS/MODELS OF RESIDENTIAL ARRANGEMENTS

Six different options/models of residential arrangements are described in this section. Appendix A highlights these models/options according to the function and the number of available spaces.

1) Community Residence

Community residences (also referred to as halfway houses, transitional residences or group homes), are residential facilities providing continuous supervision (24 hours a day; 7 days a week) to a group of residents living in the same building. In this setting, staff provide a program which often has the primary focus on the group process, which is used as a tool for psycho-social rehabilitation. This is pursued through such activities as structured group therapy sessions, house and community social and recreational events, and participation in household tasks. The length of stay may be short-term to indefinite. The two major functions of community residences in Manitoba to date are to serve as:

a) a residential resource with supervision, programming and an indefinite length of stay; and
b) a residential resource where a person develops skills to be able to live with increased independence at a later date.

2) Licensed Facilities

Licensed facilities (also referred to as board and care facilities) are homes, licensed by the Province to provide board, care, and supervision to four or more adults. Care and supervision is usually geared more to meeting an individual's needs within a group setting. Length of stay may vary from short-term to indefinite.

3) Approved Homes

Approved homes (also referred to as foster homes) are family-type care facilities which are approved by the Province to provide board, care, and supervision for one to three adults. This concept of the family unit promotes

integration into the core family group and the community. Length of stay may vary from short-term to indefinite.

4) The "Houseparent" Option

A review of the Manitoba system and the available literature, reveals that there is no clear definition about what constitutes the "Houseparent" model. Other terms that appear to be similar and are being used are professional parenting, fostering and proctoring. It could even refer to a kindly, parental care provider - the old fashioned rooming house approach.

To define this option accurately, we feel that the term designated, live-in support best covers the possible combinations. The designated person(s) provides a type of support and assumes a degree of responsibility. The expectations in these two areas dictates the nature of the living arrangement.

5) Semi-Independent Living Model

The semi-independent living arrangement is a housing model wherein groupings of one to four residents occupy housing units and/or apartments scattered throughout the community. The dwellings are either leased or co-leased by an agency that helps to establish the residents. The agency is responsible for providing ongoing professional services and other ancillary supports as needed by the residents. These services may include individual and group counselling, crisis intervention, financial assistance and life skills training. Other support networks are used depending on the needs of the residents. An example of this model is the family units of the Independent Group Living Program.

Residents of this housing model may move from living with a group of people to bachelor suites. This phase is seen as a step towards the more independent, living arrangement. While residents are helped by the same agency with locating suites, they sign their own leases.

6) Self-Help Housing Model

Occupants sign their own lease agreements with an independent landlord, or may own the dwelling themselves. All decisions pertaining to independent living are made by occupants of the home. Support services may be arranged through a contract which is established separately from the housing arrangements. Examples of this model are the bachelor suites of the Independent Group Living Program, the Supportive Housing Program and Community Welcome Co-operative Inc.

V. DESCRIPTIONS OF EXISTING MENTAL HEALTH RESIDENTIAL RESOURCES IN MANITOBA

a) General program descriptions - a quick reference table comparing general features of existing resources. (See Tables - Pages 6-11).

b) Specific resources. (See Pages 12-38)

GENERAL PROGRAM DESCRIPTORS

March, 1988

(A) IN RELATION TO RESIDENTS

	DESCRIPTOR	MANITOBA FRIENDS	SARA RIEL	PROJECT GROWTH	LINDEN PLACE	C.M.H.A. WESTMAN	I.G.L.P. *	SUPPORTIVE HOUSING C.M.H.A.	B.M.H.C. *	S.M.H.C. *	LICENSED FACILITIES	APPROVED HOMES	COMMUNITY WELCOME
I	Age and Gender of Residents:												
	a) Adult (18-55 years)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	b) Adult (55+)						✓	✓			✓		
	c) Male	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	d) Female	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
II	Degree of Resident Need: **												
	a) Low (level 1-3)				✓		✓	✓			✓	✓	✓
	b) Medium (level 4-5)	✓	✓		✓		✓	✓		✓	✓	✓	
	c) High (Level 5+)		✓	✓	✓	✓		✓					
III	Living Arrangement (Social):												
	1) Alone		✓				✓						✓
	2) With one person						✓					✓	
	3) 2-5 people		✓				✓	✓		✓		✓	
	4) Group (6 or more)	✓	✓	✓	✓	✓			✓		✓		
	5) Variable depending of facility												

* KEY FOR ABBREVIATIONS

I.G.L.P. - Independent Group Living Program

B.M.H.C. - Brandon Mental Health Centre

S.M.H.C. - Selkirk Mental Health Centre

** Levels 1 to 5 represent the level of resident care used by the Province of Manitoba.

GENERAL PROGRAM DESCRIPTORS

(A) IN RELATION TO RESIDENTS

	DESCRIPTOR	MANITOBA FRIENDS	SARA RIEL	PROJECT GROWTH	LINDEN PLACE	C.M.H.A. WESTMAN	I.G.L.P. *	SUPPORTIVE HOUSING C.M.H.A.	B.M.H.C. *	S.M.H.C. *	LICENSED FACILITIES	APPROVED HOMES	COMMUNITY WELCOME
IV	Responsibility for Meals and Housekeeping:												
	1) Meals & housekeeping are provided by facility personnel										✓	✓	
	2) Residents are responsible for meals & housekeeping with staff support	✓	✓	✓	✓	✓	✓			✓			
	3) Residents are responsible for own meals & housekeeping		✓				✓	✓					✓

(B) IN RELATION TO PLACE

I	Type of building:												
	1) house /townhouse	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	2) apartment						✓					✓	
	3) residential unit within larger bldg.		✓								✓		
	4) larger building										✓		

GENERAL PROGRAM DESCRIPTORS

(B) IN RELATION TO PLACE

	DESCRIPTOR	MANITOBA FRIENDS	SARA RIEL	PROJECT GROWTH	LINDEN PLACE	C.M.H.A. WESTMAN	I.G.L.P. *	SUPPORTIVE HOUSING C.M.H.A.	B.M.H.C. *	S.M.H.C. *	LICENSED FACILITIES	APPROVED HOMES	COMMUNITY WELCOME
II	Location by Region:												
	1) Winnipeg North	✓					✓	✓			✓	✓	
	2) Winnipeg South		✓	✓			✓	✓			✓	✓	
	3) Winnipeg West-Central						✓	✓			✓	✓	
	4) Parklands										✓	✓	✓
	5) Central				✓								
	6) Westman					✓			✓				
	7) Eastman											✓	
	8) Norman												
	9) Thompson												
	10) Interlake									✓		✓	
III	Residential Program Model:												
	1) Community residence	✓	✓	✓	✓	✓			✓	✓			
	2) Licensed facility										✓		
	3) Approved home											✓	
	4) "Houseparent"		✓										
	5) Semi Independent Living		✓				✓		✓				
	6) Self Help						✓	✓					✓

GENERAL PROGRAM DESCRIPTORS

(B) IN RELATION TO PLACE

	DESCRIPTOR	MANITOBA FRIENDS	SARA RIEL	PROJECT GROWTH	LINDEN PLACE	C.M.H.A. WESTMAN	I.G.L.P. *	SUPPORTIVE HOUSING C.M.H.A.	B.M.H.C. *	S.M.H.C. *	LICENSED FACILITIES	APPROVED HOMES	COMMUNITY WELCOME
IV	Length of Stay:												
	1) under 3 months						✓						
	2) 3 months - 1 year		✓				✓			✓			
	3) 1 - 2+ years	✓			✓	✓	✓						
	4) indefinite/long-term			✓			✓	✓		✓	✓	✓	✓

(C) IN RELATION TO RESOURCES AND SUPPORTS

I	Degree of Supervision:												
	1) 24 hour on site	✓	✓	✓	✓	✓					✓	✓	
	2) Daily		✓							✓			✓
	3) Nightly										✓	✓	
	4) Weekly (or couple times/ week)		✓				✓						
	5) Upon request or annually						✓						✓
	6) Negotiated with external resources							✓					

GENERAL PROGRAM DESCRIPTORS

(C) IN RELATION TO RESOURCES AND SUPPORTS

	DESCRIPTOR	MANITOBA FRIENDS	SARA RIEL	PROJECT GROWTH	LINDEN PLACE	C.M.H.A. WESTMAN	I.G.L.P. *	SUPPORTIVE HOUSING C.M.H.A.	B.M.H.C. *	S.M.H.C. *	LICENSED FACILITIES	APPROVED HOMES	COMMUNITY WELCOME
II	Primary Supports:												
	a) Staff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
	b) Volunteers							✓					
	c) Other residents							✓					✓
	d) Proprieter of facility										✓	✓	
	e) Family							✓				✓	✓
	f) Friends							✓				✓	✓
	g) Network of participants							✓					
III	After Hours Crisis Service:												
	1) Telephone assistance	✓	✓	✓		✓	✓	✓		✓			✓
	2) In person assistance if needed	✓	✓	✓	✓	✓	✓	✓					✓
	3) No specific service - use generic phone lines and hospitals	✓									✓	✓	✓
	4) Staff available on call							✓					✓

GENERAL PROGRAM DESCRIPTORS

(C) IN RELATION TO RESOURCES AND SUPPORTS

	DESCRIPTOR	MANITOBA FRIENDS	SARA RIEL	PROJECT GROWTH	LINDEN PLACE	C.M.H.A. WESTMAN	I.G.L.P. *	SUPPORTIVE HOUSING C.M.H.A.	B.M.H.C. *	S.M.H.C. *	LICENSED FACILITIES	APPROVED HOMES	COMMUNITY WELCOME
IV	Volunteer Involvement with Residents:												
	1) None	✓				✓		✓				✓	
	2) A little (special occasions only)			✓			✓	✓		✓			✓
	3) Some (monthly, on regular basis)		✓		✓			✓			✓		
	4) A lot (weekly)		✓				✓	✓			✓		
V	Medication Monitoring:												
	1) Staff administer meds	✓		✓							✓	✓	
	2) Resident responsible for meds with staff supervision	✓	✓		✓	✓	✓						
	3) Resident responsible for meds, support from another person when needed		✓			✓	✓			✓			
	4) Resident takes meds without support/assistance					✓	✓						✓
	5) Individual assisted in receiving support with meds as required							✓					

Name of Sponsoring Organization: Brandon Mental Health Centre

Name of Residential Program: HOUSING ALTERNATIVES

Office Address: Brandon Mental Health Centre
P.O. Box 420
Brandon, Manitoba R7A 5Z5

Telephone: 728-7110

Contact: Department of Social Work

During the past two decades the ever changing needs of the person (individual) who suffers from a psychiatric disability has challenged the health care system to plan, develop and implement more innovative treatment services. There has been and continues to be a strong emphasis on not only decreasing the length of time a person may remain in hospital through improved therapies, but also providing them with the social, emotional, and life skills so necessary for leading productive lives in the community.

Adequate housing is an important need for an individual living in the community. The Brandon Mental Health Centre has various housing resources available to in-patients of the Centre, and those individuals in the community who are referred to the Out Patient Department for psychiatric and placement services. The following programs are resources to patient of B.M.H.C. who are working towards a community placement other than family, relatives, room and board or independent living accommodations.

Residential Care (ORC); Supervised Apartment Living (SAL); Independent Group Homes (IGH); and McTavish Manor (McM) of the Community Preparation Program all provide varying levels of supervision and care with a person's basic daily living skills, behavioural and social difficulties, psychiatric management, budgeting, interpersonal communication and community awareness to name a few. The SAL and IGH programs operate on the philosophy of providing minimal supervision and care to its residents who are assessed as being capable of living more independently in the community. Patients referred to the ORC program may require care ranging from minimal supervision up to and including care on a 24 hour basis.

McTavish Manor is a unique facility in itself, as it is a group home of the Community Preparation Program which provides 24 hour supervision and care; by RN's and

RPN's. Auxiliary support services are provided to the above programs by the Departments of Social Work, Medical, Psychology, Occupational Therapy and Adjustment Services and other professional services as required.

In summary, patients of the Brandon Mental Health Centre and individuals already residing in the community who meet referral criteria, may be referred to any of the above programs for services.

Name of Sponsoring Organization: Canadian Mental Health Association, Westman Region

Name of Residential Program: "440 HOUSE"

Office Address: 440-13th Street
Brandon, Manitoba R7A 4R1

Telephone: 726-8865

Contact Person: Glen Kruck, Residence Coordinator

1) General Description and Purpose - Our purpose is to operate a licensed, 24 hour, staffed Community Residence in Brandon for six young male and/or female adults who suffer from serious psychiatric disabilities, but who do not require psychiatric hospitalization and who have needs that cannot be met in existing alternative care resources. The program prepares clients for more normal living situations by providing developmental programming which is based on assessed needs and strengths of the residents and which utilizes both individual and group counselling. The program is consistent with the principles of normalized community living. Therefore, the residents are involved in all areas of community living - including preparing meals, budgeting, administration of their own medications and general community life skills residents. Staff assistance is reduced over time as the residents progress in developing their own skills. The ultimate goal is to have the residents able to function as independently as possible to the maximum of their abilities when they leave "440 House".

2) Philosophy - Our overall mission is to ensure that people with severe psychiatric disabilities live rich and rewarding lives in the community. Their community experience should provide them with:

- a sense of belonging, acceptance, and inclusion in community life;
- a sense of being cared about and valued as a person meriting individual attention and consideration;
- autonomy to make choices and receive the assistance needed to become more independent;
- continuity in the availability and use of supports and services as needs and requirements change;
- security that ones' needs will be met because that responsibility is clearly identified in the system; and

- protection of rights and interests in the service system via external advocacy safeguards.

3) Target Group - Prior to being involved in our program, most of our residents have had a long history of community placement breakdown which had contributed to their repeated readmissions to the Brandon Mental Health Centre. Therefore, our target population is the younger male or female adults who have a serious psychiatric disability but who do not require psychiatric hospitalization and whose needs cannot be met in existing alternative care resources.

4) Program Description - The program utilizes three fundamental approaches: Individual Program Planning; Life Skills; and Scheduled Routine Training and Group Meetings. The true backbone of the program is reflected in the Individual Program Plan which utilizes a developmental programming approach that is based on the assessed needs and strengths of the residents.

5) Entry to Program -
   a) eligibility criteria are as follows:
      i) young males or females between the ages of 18-45 years;
      ii) involved with a mental health program either through the Brandon Mental Health Centre or the Community Mental Health Program;
      iii) assessed at a Level 5 level of care or greater, but with potential for community living;
      iv) must be able to participate in some form of regular day program.
   b) admission process:
      Referrals are accepted from Brandon Mental Health Centre or Community Mental Health. All referrals are reviewed by the Program Committee of the Board and are accepted on the basis of client need and the ability of the residence to be of help.

6) Exit from Program - The decision that someone is ready to leave the residence is made jointly by the Residence Coordinator, the referring agent, and the resident. Prior to leaving the program, the resident is involved in predischarge planning in which the resident gradually becomes more involved within the community and less reliant upon support from the residence.

7) Follow-up Services - It is the responsibility of the referring agent, who has remained involved throughout the process to become more active upon discharge as he/she resumes the major responsibility for community placement and follow-up.

Name of Sponsoring Organization: Canadian Mental Health Association, Winnipeg Region

Name of Residential Program: SUPPORTIVE HOUSING PROGRAM

Office Address: 1-836 Ellice Avenue
Winnipeg, Manitoba R3G 0C2

Telephone: 775-8655

Contact Person: Susan Chipperfield, Program Manager

1) General Description and Purpose - Homes are located throughout the city for twenty-three individuals to live cooperatively in groups of three to five per home. Individuals are screened then introduced to housemates by the Housing Coordinator.

   The purpose is to provide homes and support for adults who experience mental health problems and wish to live cooperatively.

2) Philosophy - People with mental health problems experience the same universal needs for security, belonging, recognition, and achievement. We all need meaningful work, financial rewards, social relationships, advocates, and teachers as well as access to relevant services. Program staff and volunteers assist individuals to develop the skills and supports required to meet personal needs as they relate to cooperative living.

3) Target Group - The target group is described by the program entrance criteria. The criteria include adults who have: a diagnosis of a psychiatric disorder; have been hospitalized for psychiatric treatment and desire assistance in skill and supports related to living in a cooperative setting. Persons accepted will be: eighteen years of age or over, be living singly or separate from mate or children, free of a history of significant violence toward self or others, free of active alcohol or unmonitored chemical dependencies. Each person will be willing and able: to secure financial support, to manage prescription drugs, to live cooperatively with others, and to be a participant of the Supportive Housing Program.

4) Program Description - Supportive Housing provides homes where tenants choose housemates, govern themselves within a home, establish mutually satisfying guidelines for living and decide consequences for breaching house agreements. Day staff, on-call

staff and volunteers assist individual tenants and the tenant group to develop the skills and supports to live successfully in a cooperative setting.

Skill and support development are provided when requested by an individual or in an instance where an individual's success is at risk in his or her environment.

Community liaison staff are available during weekdays to assist tenants to establish and maintain personal and group goals related to cooperative living.

On-call staff is available through an answering and paging system to help resolve problems that occur in the evening or on weekends.

Volunteers establish personal relationships with tenants and are typically available evenings and weekends as well.

5) Entry to Program - Individuals may be self-referred or referred by an external referral source. Each individual submits an application, participates in an interview, and provides two references (one describing personal life history, one describing clinical history). A screening committee reviews the application material and makes a decision of acceptability based on the criteria outlined under target population. Applicants who are turned down have the right to appeal the decision and will meet with a separate Appeal Board who will review the screening committee decision in light of the individual's presentation to the Board.

6) Exit from Program - Homes can be temporary or permanent depending on the choice of the individual. Homes the support are available as long as the individual wishes, provided he/she continues to meet the basic entrance criteria upon which he/she was accepted.

7) Follow-up Services - Ongoing support is available for three months following a move from a home associated with the program. Often individuals remain in contact for a much longer time. Often relationships among tenants and between tenants and volunteers will last for years.

Name of Organization: COMMUNITY WELCOME CO-OPERATIVE, INCORPORATED

Office Address: 1036 Louise Avenue,
Brandon, Manitoba R7A 0Y1

Telephone: 728-1514

Contact Person: Doris M. Armstrong, Supervisor

1) General Description and Purpose - Community Welcome Co-operative, Inc. is the only one of its kind in Canada. It is based upon the residential model of Fountain House in New York City, only on a smaller scale.

   Its statement of purpose is to have patients help themselves and one another to adjust to the community after a psychiatric stay in hospital. In order to remain well, a lot a mutual support is necessary. Community Welcome members offer one another peer support.

   Counselling on a professional basis is available around the clock whenever it is needed by the supervisor in charge.

2) Philosophy - The philosophy behind Community Welcome is "patients helping patients". The members of Community Welcome are very supportive of one another. The barriers which ordinarily divide those who have had psychiatric problems and those who have not are erased at Community Welcome and members gain strength from each other to face themselves within society.

3) Target Group - The post-psychiatric community in Brandon is the major group served, which are actually drawn from the Westman Region, Parkland Region, and the western half of the Central Region.

4) Program Description - There are several components to Community Welcome including the following: Housing, Education, Recreation, and Socialization.

   Housing: is unsupervised and self-sustaining, offering six post-psychiatric people beautiful accommodations at a reasonable fee. Residents may stay in Community Welcome Co-operative, Inc. for as long as they wish. The business office employs staff to collect rents, issue receipts and to oversee the administration of the project. Housekeeping services are provided by a paid janitor.

Education - The education portion offers upgrading, literacy and living skills taught on an individual and small group basis to post-psychiatric people. It is entitled the "Systematic Curriculum for Independent Living".

As the Board is made up entirely of post-psychiatric people, being on the Board is an educational experience in the democratic process of how to accomplish Community Welcome's own goals. The Board appreciates the excellent advice and time taken by the five Advisors to the Board, who are: Rev. Orton Anderson, Chaplain of Brandon Mental Health Centre; Leon Morehouse; Doctor of Divinity, Dr. C.K.S. Moffatt; and E.H. Gibson, Director of Occupational and Adjustment Services at Brandon Mental Health Centre.

Community Welcome is also engaged in raising community awareness of mental health issues. The most recent example of this is a Workshop which was held on February 5, 1988 in Brandon which the public and professional community was invited to attend.

Recreation - Recreational services include a diverse offering of opportunities for socialization and fun.

A Program Director was employed last summer to conduct exercise classes (aerobics) and to organize bowling, swimming and summer barbeques. The next summer's plan is to include baseball.

Socialization and Personal Development - Socialization is provided through the educational classes which offer a living skills program and through the social opportunities that arise.

Personal Development: Several informational sessions regarding health and safety issues have been attended by several post-psychiatric people. Lately, we also offered an informational session concerning finances for those people who were concerned about social assistance information.

Fund-raising ventures have offered opportunities for members to become involved in business practices and in selling practices which was a further opportunity for self and community development in a dignified manner. New chances for participating in fund-raisers will become available.

5) Entry to Program - Clients are referred from the Westman, Parklands and western half of the Central

Regions by Doctors, Community Psychiatric Nurses, Social Workers, Community Mental Health Workers and by self-initiated referrals.

Eligibility Criteria: In order to live in the Housing Co-op, the person must be a post-psychiatric person and possess independent living skills. The person must be willing to take out a membership to become part of Community Welcome Co-operative, Inc. and be willing to serve on the Board. They must also be willing to perform duties related to self-maintenance and up-keep of Community Welcome.

Tenants are interviewed by the President, one advisor and the Supervisor, after which the decision is taken to the Board for ratification. This forms the admission process for tenants.

Membership in the Community Welcome Club is taken out by those wishing to participate in the activities of the Club. All members are invited to attend the Annual Meeting and to participate in all events and activities.

6) Exit from Program - The client or the landlord must give one month's notice re the housing apartments.

Clients who have maintained a high degree of activity at Community Welcome, thereby regaining social skills and who then spend more time in the community have less need of the Club. However, they do spend a reduced time at the Club, offering support to newer members. There is no formal discharge process and all members are welcome as long as they wish to attend.

The Club is open during the day for members to meet and chat, share ideas, discuss problems, partake of leisure activities, such as listening to music, playing games, or formulating plans for employment.

As a bridge between the hospital and the community we prefer that members heal at their pace, partaking of activities and personal growth objectives as they feel ready to do so. When members are ready, Community Welcome is always ready for them.

7) Follow-up Services - No formal follow-up procedures are in place. Members keep pretty good track of one another and exchange news of more active and less active members who go off in another direction in the community. Older members feel free to stop by whenever they like.

Individuals are followed up formally by their own respective Doctors, Social Workers, Rehabilitation Counsellors who keep in contact with their clients. A professional Counsellor is available at the Club at all times.

Co-op Housing Complex: We are listed as a Multiple Dwelling by the City of Brandon. We have six apartments which are self-contained including one bachelor suite and five one-bedroom suites. One of the one-bedroom suites can accommodate a person in a wheelchair.

Staff are paid to date by Grants obtained from the Federal and Provincial Governments. This Club is not responsible to any other outside organization or Mental Health Centre but is independent with a self-directing Board.

Name of Sponsoring Organization: Eden Residential Care Services

Name of Residential Program: LINDEN PLACE

Office Address: P.O. Box 1300
Winkler, Manitoba R0G 2X0

Telephone: 325-9384, 325-8091.

Contact Person: L. Zacharias, Director

1) General Description and Purpose - Linden Place is a community residence established in the Town of Winkler under the auspices of Eden Mental Health Services in 1981. Its purpose is to assist post-mentally ill persons in making the transition from hospitalization to community living.

2) Philosophy - The Linden Place program seeks to provide a supportive Christian environment in which residents may develop the skills and confidence necessary to enable them to live independently. To that end, residents are expected to share responsibility for the operation of the household.

3) Target Group - The target group consists of post-mentally ill adults - both male and female.

4) Program Description - Residents are involved in a variety of individual and group activities which provide opportunities to develop competence and confidence in social, household, problem-solving, money management and pre-employment skills. Daily resident schedules include work activities, meal-making and other household tasks. Staff are actively involved with residents and are available to provide support, counsel and encouragement. The residence is staffed twenty-four hours a day.

5) Entry to Program - The admissions process includes submission of our application form and panelling by an Admissions and Discharged Committee.

6) Exit from Program - Exit from the program is planned by the resident and his counselor and involves consultation with the Admissions and Discharges Committee and the referring worker.

7) Follow-up Services - Linden Place staff take responsibility for arranging follow-up services for persons leaving the residence program.

Name of Sponsoring Organization: Hydra House Ltd.

Name of Residential Program: PROJECT GROWTH ADULT MENTAL HEALTH UNITS

Office Address: 89 Massena Crescent,
Winnipeg, Manitoba R2P 0K8

Telephone: 694-6922

Contact Person: Diane Lau

1) General Description and Purpose - Hydra House has committed their services to develop as the need arises internally and to accommodate community placements when possible in meeting these needs. We have one eight-bed children's unit, two six-bed adult mental health units, and non-residential programs in all areas. Proposals for expansion are in progress in most areas.

2) Philosophy - Mentally disabled and behaviour disordered people deserve a place in the community. Each individual is capable of developing further towards a more independent lifestyle. Each person is above all else an individual and programs are geared to this belief. An interdisciplinary approach is stressed and intense involvement from psychiatrists and mental health workers is expected. Positive relationships, skill development, behaviour control and all other areas that hinder the person's advancement will be worked upon, in relation to the most essential first. Community involvement is stressed at individual levels, to ensure the individual is capable of participating positively. Future placements will be worked upon by this agency to provide continual care and continuity for the individual.

3) Target Group - Project Growth has developed services for the highest level of beds that presently exist in the community. The services developed out of the need stemming from the transition from the children's home into the adult field. Services are delivered to mentally ill, acting out, mentally disabled, schizophrenic, autistic, behaviour disordered, thought disordered individuals. The people residing in the facilities must be functioning at a level the community can support them safely.

4) Program Description - Project Growth has two six-bed units in community housing. Twenty-four hour supervision is located on site. The staff are

expected to participate in program development with the team that is presently involved with the person. A comprehensive treatment is delivered through team work, and consultation. The program works on individual needs and therefore has no blanket programs the individuals must mold into. House rules do exist and common courtesies are expected. Day services are delivered to all placements and spots are open externally if the staff could support them.

5) Entry to Program - A referral report is to be sent to the office. All referrals will be discussed at admission/discharge committee. When placements are available the most appropriate referral will be placed immediately.

Appropriate referrals that cannot be placed will be kept on waiting lists or admitted to day programs for transition purposes. Mail all referral material to 89 Messana Cresc.

APPROPRIATE REFERRALS:
Mental Health clients who are eighteen years or older. The emphasis is on younger adults.

INAPPROPRIATE REFERRALS:
Mentally retarded individuals who do not have mental health related disorders and criminal behaviours or clearly delinquent behaviour not combined with mental health disorders, individuals who would place staff, clients and community people at risk.

6) Exit from Program - Fourteen days' notice is required from the placing agency. All discharges will be finalized through the Admission/Discharge Committee. Planned discharges will be discussed in the individual program planning meetings and discussions at admission discharge meetings. Discharges will be made in the following circumstances:
- disruption to community to the extent the residence is at risk.
- client puts staff or other clients at physical risk.
- admission discharge committee feels the discharge is in the best interest or resident or facility.

Name of Sponsoring Organization: Manitoba Friends of Schizophrenics Inc.

Name of Residential Program: Residential Homes Project

Office Address: 515/517 Kent Rd.
Winnipeg, Manitoba R2L 1Y4

Telephone: 667-3161

Contact Person: Carole Ezzard, Residence Director

1) General Description and Purpose - The Residential Home is a licensed Level 5 group home that provides 24 hour on-site staff supervision in the Winnipeg North Community Services District. The goal is to facilitate the residents' development toward a more independent lifestyle and his/her optimum level of functioning.

   The program focus in on the assessment and teaching of independent living skills with an expectation that the resident complete the program within two years or move on to a more independent living situation.

2) Philosophy - A transitional residence that assists the psychiatrically disabled adults to become integrated into the community. This is achieved through the use of internal and external programs and social, recreational and vocational activities.

3) Target Group - Male or female adults between the ages of 18-45, having an identified long-term psychiatric disability.

4) Program Description - The approach to resident care is an eclectic one. Drawing from various systems and theoretical positions, an individual program is developed and implemented which is most applicable to the individual needs of each resident. Medication is supervised. There is a degree of cooperative living, including group meetings as well as sharing of responsibiliteis for meals, shopping and household management. Life skills are taught through instruction and practise, both individually and/or in groups. Life skills areas include money management, shopping and consumer education, meal preparation and storage, housecleaning and maintenance, personal hygiene and clothing maintenance, medication management and health care, community resources and transportation, communication and interpersonal relations, problem solving and decision making and vocational and

personal growth. Monthly evaluations are carried out on the Independent Living Skills Evaluation and reviewed with the resident. Opportunities to increase awareness and use of community resources as well as development of interpersonal and social skills are facilitated by staff support, supervision and assistance. Decision making is encouraged with staff initially setting guidelines but gradually withdrawing. Residents are encouraged to participate in a community vocational rehabilitation program. There is a special program component, "The Independent Suite", where residents practise what they have learned in the program. This opportunity is provided prior to a move from the residence and each resident, with his/her physician's consent, self-administers up to a 3 day supply of medications, has responsibilities for his/her own meal planning, shopping, preparation and clean-up, household responsibilities, time management, etc. During this time, staff withdraw prompting and are able to assess the resident's independent living skills. The staff are also able to recommend housing appropriate to the needs of the resident when he/she is ready for discharge from the group home.

Family/friends and network personnel's involvement is encouraged and supported within the framework of the program.

A monthly review of all residents' progess is held with the residents' worker and staff members at the residence.

5) Entry to Program - Referrals for placement are made through the Admission and Discharge Committee. Following a pre-placement visit to the facility, the prospective resident and worker will appear before this committee. The decision is then made as to the appropriateness of the placement. If successful, the client is placed on the waiting list and offered a placement when a vacancy occurs. Following a trial period of at least 30 days, the appropriateness of the placement is assessed and a decision is made as to whether or not to formally accept the client into the program.

6) Exit from Program - Exit from the program occurs when the resident has completed the program and has reached their maximum potential, has special service needs that cannot be met or non-compliance with the program. All discharge plans are made in conjunction with the resident, worker and facility staff. Follow-up services are provided by an appropriate community services agency.

Name of Sponsoring Organization: Province of Manitoba

Name of Residential Program: APPROVED HOMES

1) Residential care facilities for 1-3 clients. Placements are coordinated through the regional resource coordinator (see Licensed Facilities).

2) Purpose - Provide 24-hour care and supervision, from levels 1 to 5, for adults with mental health problems.

3) Philosophy - Residential care within a family unit, which permits the client to re-enter into the community. Clients are encouraged to participate actively in internal and external social, recreational, pre and vocational opportunities.

4) Target Group - Adults, with mental health problems who need to develop or relearn lost skills, eg. A.D.L., so as to facilitate re-entry into the community. These persons are usually unable to live independently or minimally with the assistance and itinerant supports.

5) Program Description - Residents receive board and room services, along with 24 care and supervision. The latter includes meal preparation, medication administration, laundry services, assistance with personal hygiene and grooming, shopping, money management, etc. Internal programming within the facility is encouraged and wherever possible structured activities are provided by the department. Clients are encouraged to learn and perform room management skills as well as participate in external social, recreational, pre and vocational activities. Staff play an integral role in the service delivery of this model, while clients are encouraged to be as self-reliant and responsible as possible. Residential care plans are developed by the worker with the client and care provider, with regular reviews occuring.

6) Entry to Program - Referral for placement is initiated by the referring worker and coordinated by the resource coordinator. Following a pre-placement visit and consultation with the worker for the facility a decision re: appropriateness and placement is made. After a 30 day trial period, permanancy is determined and the care plan is reviewed and updated.

7) Exit from Program - Exit is planned with the worker and client, often in consultation with the care

provider.

8) Follow-up Services - The worker provides follow-up and transfers the case only when the client moves to another region, or requests a change of worker. Care Providers do not offer any formal follow-up services.

N.B. There are instances of situations where homes are approved for special cases such as professional parenting, live-in proctor, etc.

Name of Sponsoring Organization: Province of Manitoba

Name of Residential Program: LICENSED FACILITIES

1) Residential Care facilities for 4 or more persons. Placements are coordinated by the Regional Resource Coordinators:

   A) Winnipeg West-Central
   Keith Lashley
   5-189 Evanson Street Phone: 945-6262

   B) Winnipeg North
   Marnie Barker
   2-1021 Court Avenue Phone: 945-8475

   C) Winnipeg South
   Claudette Moquin
   2989 Pembina Highway Phone: 945-5484

2) Purpose - Licensed facilities provide 24-hour on-site care and supervision for adults who have mental health problems. Care providers may provide level 1 to level 5 care.

3) Philosophy - Residential care permits the post-mentally ill to become reintegrated in the community, with the assistance of internal and external programming opportunities.

4) Target Group - Adults, with mental health problems, who need to develop or relearn lost skills of A.D.L., so as to facilitate re-entry into the community. These persons usually are unable to live independently or minimally with the assistance of itinerant supports only.

5) Program Description - Residents receive board and room services, along with 24-hour care and supervision. The latter includes meal preparation, medication administration, laundry services, assistance with personal hygiene and grooming, shopping, money management, etc. Internal programming within the facility is encouraged and wherever possible structured activities are provided. Clients are encouraged to learn and perform room management skills as well as participate in external social, recreational, pre and vocational activities. Staff play an integral role in the service delivery of this model, while clients are encouraged to be as self-reliant and responsible as possible. Residential care plans are developed by the worker with the client and care

provider, with regular reviews occuring.

6) Entry to Program - Referral for placement is initiated by the referring worker and coordinated by the resource coordinator. Following a pre-placement visit and consultation with the worker for the facility a decision re: appropriateness of placement is made. After a 30 day trial period, permanancy is determined and the care plan is reviewed and updated.

7) Exit from Program - Exit is planned with the worker and client, often in consultation with the care provider.

8) Follow-up Services - The worker provides follow-up and transfers the case only when the client moves to another region, or requests a change of worker. Care Providers do not offer any formal follow-up services.

Name of Sponsoring Organization: Province of Manitoba

Name of Residential Program: INDEPENDENT GROUP LIVING PROGRAM

Office Address: 4th Floor-189 Evanson Street
Winnipeg, Manitoba R3G 0N9

Telephone: 945-6289

Contact Person: Amie Crisostomo, I.G.L.P. Coordinator

1) General Description and Purpose - This program has been operating since 1973. Single family dwellings, as well as apartment units are leased from the Winnipeg Regional Housing Authority as well as from private housing. The units are located across the three Winnipeg Regions and coordinated by Winnipeg West-Central Region.

   The purpose of the program is to provide decent housing and an opportunity for people to learn basic daily living skills needed for independent living.

2) Philosophy - The program is based on the belief that people's strengths and growth potential are maximized in an atmosphere that provides growth and autonomy. Also, the provision of a setting with a home-like atmosphere promotes and develops necessary skills for community integration, i.e. mutual support and positive peer relationships.

3) Target Group - Program services three types of clients with psychiatric problems. They are those who possess some individual living skills, minimal independent living skills and who are regressed but not a suicidal risk and/or with acute alcohol or drug problems.

4) Program Description - Program focuses on the following:
   a) provision of a permanent/transtitional setting which is secure, safe and provides an opportunity to experience independent living;
   b) to give residents a chance to continue to live independently by encouraging them to make decisions related to daily living;
   c) training which implies the development of self-care and social skills denoting expectations in a normal independent living situation including social integration and the use of community resources. Itinerant staffing is used to teach residents skills for daily living. Expertise of other professionals in the community and/or

members of the treatment team, i.e. volunteers, psychologist, home economists, etc. are used as needed. An After Hour Emergency Service is provided as needed. The spirit of cooperative living is impressed via the development of group cohesiveness in the group discussions between the I.G.L.P. social worker and residents.

5) Entry to Program - Referral forms are completed by a professional involved in hospitals or regional offices and forwarded to contact person. A meeting between referring worker, applicant and contact person to discuss program and applicant's weaknesses, strengths, expectations and program contract is held after which a viewing of the facility is made. Residents are actively involved in the decision making in admitting new residents.

   Applicants should be able to contribute and benefit from group support, supervision and peer group relationships. Age, disposition, interests and background problem areas may be determining factors to form a heterogeneous grouping with the independent resident serving as a role model to the semi-independent and regressed residents. Applicants must understand and give to the I.G.L.P. contract.

   Another phase of the program is the more independent model where the residents move to an independent setting, sign their own leases and where supports and services are provided depending on their needs and as requested by residents.

6) Exit from Program - Residents will stay in the program permanently if they choose to and are stable. A meeting is held between the resident, program staff and case manager to explore possible options and plan appropriately.

7) Follow-up Services - This service is provided to residents who move to an independent setting to facilitate transition and may be continued as needed or requested by resident.

Name of Sponsoring Organization: Sara Riel Inc.

Name of Residential Program: SARA RIEL INC.

Office Address: 210 Kenny Street
Winnipeg, Manitoba R2H 2E4

Telephone: 237-9263

Contact Person: Michael Whitehead, Program Coordinator

1) General Description and Purpose - Sara Riel provides a structured, supervised and rehabilitation program to post-mentally ill adults. There are twenty in-house and ten day residents who live in four or smaller group homes. Our group homes are organized on the houseparent model which is described in more detail below.

2) Philosophy - Sara Riel encourages the development or redevelopment of self-reliance and independence so that the residents' quality of life can be improved. Acquisition and enhancement of basic living skills is stressed leading to independent living in the community and where possible employment.

3) Target Group - Adults (age 18-35) who have experienced mental health problems and who can benefit from a residential group rehabilitation program.

4) Program Description - Sara Riel provides a structured program with 24-hour supervision of residents. The program is designed to provide rehabilitation by teaching daily living, vocational, and social/recreational skills. Residents are expected to take part in work activities within the program. Their participation then allows for a comprehensive assessment and goal setting leading to increased self reliance and independence. In addition to the practical experience residents are provided with one-to-one and group teaching in daily living skills, job search and recreational planning. Residents also are offered spiritual guidance and support through our Pastoral Care Program.

5) Entry to Program - Referrals are accepted from physcians, social workers, family and self. A written application with referral information is received, an intake interview and tour is arranged. Applications are reviewed by the Sara Riel Admission and Discharge Committee which meets monthly. After a two week assessment period a review of progress is

held and a decision is made about remaining in the program.

6) Exit from Program - Residents usually remain in the program for 6 to 9 months. They can then be referred to satellite housing programs or to independent accommodations. Sara Riel also operates a group home program for residents who have been through our program. Additionally, Sara Riel operates a day program allowing for some individuals to benefit from the program while remaining in their own accommodation. Residents who are ready to leave the program are assisted in finding suitable alternatives. Sara Riel staff work closely with Community Mental Health and other health care professionals to make the transition smooth.

7) Follow-up Services - Sara Riel offers a follow-up program so that graduates receive intensive support immediately after discharge and can call for assistance at any time they need. A 24-hour telephone service is maintained to facilitate this contact.

8) Sara Riel Group Home Program - The Houseparent Model - Sara Riel Inc. operates three group homes and one independent apartment. The group homes all have graduates of our residential program. One of the members is designated as a leader/liaison person. This individual draws up a work list and also reports any needed repairs or significant problems to Sara Riel. Members can remain in the group homes indefinitely but are free to move on as they wish.

Name of Sponsoring Organization: Selkirk Mental Health Centre

Name of Residential Program: GROUP HOMES

Office Address: P.O. Box 9600
Selkirk, Manitoba R1A 2B5

Telephone: 477-1860

Contact Person: Terry Hryniuk, Dept. of Social Work

1) General Description and Purpose - To provide a transitional community living experience to test the ability of patients recovering from their psychotic condition to function in an independent group living environment.

2) Philosophy - The belief that community re-entry can be enhanced through a group living experience which is focused upon increased independency in daily living responsibilities and skill.

3) Target Group - Patients recovering from acute psychosis whose ability to function in the community requires a trial in a semi-controlled community living situation. The potential for sharing responsibility for group home living is an essential admission criteria.

4) Program Description - S.M.H.C. has developed two group homes in the Town of Selkirk, each of which can house up to six residents. With the assistance of itinerant day staff supervision, residents are taught and encouraged to provide all of the group activities essential to the management of the home, eg. household maintenance, shopping, food preparation, rent and utility payments, etc. In addition, they are expected to maintain acceptable levels of personal responsibility in matters of behaviours, hygiene, personal belongings, social interactions, etc.

5) Entry to Program - Referrals eminate from any one of the Centre's geographically oriented treatment teams. Candidates are assessed in terms of their potential for benefitting from the group community living experience. The home manager and Social Work team representatives collaborate in the final selection. Goals are clearly established. While it has not been tested as yet, there is likely nothing to prevent a community referral on an out-patient basis.

7) Exit from Program - Discharge occurs in relation to the monitoring of agreed upon goals. If discharge is not indicated within six months, extensions for up to three months are permitted, based again on potential progress. Longer periods are possible for certain individuals where community living is identified as a better alternative to hospital readmission even though the level of functioning of that individual is not perceived to be capable of improving to a level required of more normal community living resources.

8) Follow-up Services - Follow-up services would be contracted primarily with the Province's community mental health programs. Except for placements in Selkirk District, follow-up is limited to appointments in the Outpatient Department.

VI. OTHER AVAILABLE WRITTEN INFORMATION ON HOUSING RESOURCES IN MANITOBA

1) "Making It Work: A Guide to Housing, Law and Bureaucracy"

- available from:
  Public Interest Law Centre
  Legal Aid Services Society of Manitoba
  402-294 Portage Avenue
  Winnipeg, Manitoba R3C 0B9
- printed in February, 1988
- this guide also contains the housing directory entitled "Help for Homeless People" that was developed for the Minister of Housing in November, 1987.

2) "Community Resource Guide for Winnipeg"

- available from:
  Volunteer Centre of Winnipeg
  5 Donald Street S.
  Winnipeg, Manitoba R3L 2T4
  Phone: 944-8555
- this is printed annually

3) "Manual of Social Services of Manitoba"

- available from:
  Social Planning Council of Winnipeg
  412 McDermot Avenue
  Winnipeg, Manitoba R3A 0A9
  Phone: 943-2561
- this is printed annually

APPENDIX

NUMBER OF SPACES AND USES OF RESIDENTIAL RESOURCES BY TYPE IN MANITOBA (AS OF MARCH, 1988)

In 1982, the Task Force of Community Residential Services of the American Psychiatric Association published a report called, "A Typology of Community Residential Services". The report described the possible and frequent-to-common use of the types of residential resources in the United States. This information has been incorporated, for comparison purposes, into the following table along with the number of existing residential spaces in Manitoba. As of March 31, 1988, there were 762 residential spaces for psychiatrically disabled adults in Manitoba.

USES OF RESIDENTIAL RESOURCE BY TYPE

	Community Residence	Licensed Facility	Approved Home (Foster Home)	Semi-Independent Model	Self-Help Model	House-Parent Model
Alternative to Acute Hospitalization	XX		XX			
Shorten Inpatient LOS	XX		XX			
Transitional	XX (39)	X	XX	XX (24)	X (6)	
Permanent Placement	X (12)	XX (366)	XX (195)	XX (25)	XX ~~(87)~~ 81	XX (12)
Respite Care	X	X	XX			

X = Possible Use

XX = Frequent to common use

( ) = # beds in Manitoba as of March, 1988

LOS = Length of stay

Community Residences:

Sara Riel	(19 beds)
Manitoba Friends	(6 beds)
Linden Place	(8 beds)
"440 House"	(6 beds)
Project Growth	(12 beds)

Semi-Independent Model: Independent Group Living Program (49 beds)

Self-Help Model: Independent Group Living Program (58 beds)
Supportive Housing Program (23 beds)
Community Welcome (6 beds)

Houseparent Model: Sara Riel (12 beds)

Licensed and Approved Facilites:

Region	Mental Health # Licensed Facilities(Beds)	Mental Health # Approved Homes(Beds)
Winnipeg (combined)	19 (259 beds)	49 (61 beds)
Westman	13 (74 beds)	45 (63 beds)
Central	1 (8 beds)	10 (15 beds)
Parklands	1 (25 beds)	16 (17 beds)
Eastman		13 (22 beds)
Interlake		4 (7 beds)
TOTAL	34 (366 beds)	137 (195 beds)

Statistics as of March 31, 1988